

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 3174
Registered No. _____

1. PLACE OF BIRTH

County Esila State _____
District or Township _____ or Village _____
City Miami No. 3614 Loomis ave St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Leonor Osorio { If child is not yet named, make supplemental report, as directed.

3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? _____ 7. Date of birth I-24-1929
Month Day Year

8. FATHER
Full name Ernesto Osorio

14. MOTHER
Full maiden name Sabina Jimenez

9. Residence (Usual place of abode) Miami Fla
If non-resident, give place and state.

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If non-resident, give place and state.

10. Color or race mex 11. Age at last birthday 24 (Years)

16. Color or race mex 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Empalme
(State or country) Sonora. Mex

18. Birthplace (city or place) Estratlan
(State or country) Jalisco - Mex

13. Occupation journeyman
Nature of industry

19. Occupation house wife
Nature of industry

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child). (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum. js

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 5 a. m. on the date above stated.
(Born alive or stillborn)

{ * When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. } Signature J. Jimenez Aldana M.D.
(Physician or midwife).

Given name added from supplemental report _____ Address Box 1666
Month, day, year _____ Filed Jan 28 29 19 29 Re. E. D. D.
Registrar. Registrar.

order of birth stated.